

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	/
2		/					52	/
3		/					53	/
4		/					54	/
5		/					55	/
6		/					56	/
7		/					57	/
8		/					58	/
9		/					59	/
10		/					60	/
11		/					61	
12		/					62	/
13		/					63	/
14		/					64	/
15		/					65	/
16		/					66	/
17		/					67	/
18		/					68	/
19		/					69	
20		/					70	
21		/					71	
22		/					72	
23		/					73	
24		/					74	
25		/					75	
26		/					76	
27		/					77	
28		/					78	
29	/						79	
30		/					80	
31		/					81	
32		/					82	
33		/					83	
34		/					84	
35		/					85	
36		/					86	
37		/					87	
38		/					88	
39		/					89	
40		/					90	
41		/					91	
42	/						92	
43		/					93	
44		/					94	
45		/					95	
46		/					96	
47		/					97	
48		/					98	
49	B						99	
50	3						100	
TOTAL IND.							TOTAL IND.	6
TOTAL DEP.							TOTAL DEP.	68
TOTAL CLAIMS							TOTAL CLAIMS	94